

Minamata Disease at Fifty

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By the Asahi Shimbun

Commentary by William Underwood



Minamata Bay

[Intended to console the souls of victims and usher in the busy "Year of Minamata 2006," a taiko drum concert was held on New Year's Eve on land reclaimed from Minamata Bay, atop the tons of mercury of Minamata disease patients, which is the contaminated sludge and sealed containers of poisoned fish now entombed in concrete. May 1 will mark the fiftieth anniversary of the official discovery of Minamata disease, the horrific neurological disorder caused by the organic mercury that Chisso Corp. discharged into the bay until 1968. They commemorative logo and posters were chosen through public design competitions, and there will be new books, museum exhibits and international forums. The emphasis is on education and healing, as this is supposed to be the year that Minamata and the nation finally put the industrial pollution disaster behind them.

Things are not working out that way. The main reason is an intractable dispute over state certification of Minamata disease patients, which is the precondition for subsidized health care and financial compensation. While many of the earliest victims died of agonizing convulsions and congenital patients were left with major physical deformities, less severe symptoms of mercury poisoning can appear gradually years after exposure. The central government and Chisso tried to resolve the certification issue through a cabinet-level "political settlement" in 1995, which intended relief to more than 10,000 victims who agreed to drop all legal claims and certification requests. The "Kansai group" of uncertified Minamata disease patients, however, dissatisfied with the terms and determined to press the issue of accountability, persevered with litigation. The Japan Supreme Court in October 2004 harshly criticized the government for failing to halt the spread of the toxic pollution and ordered the state to pay damages.

Because the Supreme Court ruling also established more inclusive certification criteria, some 3,700 applications for government medical screening have been filed since 2004, a figure that is higher than the 3,000 cases of Minamata disease that the state has agreed to recognize in five decades. Yet the Environment Ministry continues to point the narrow end of the redress funnel at applicants and is refusing to revise its restrictive standards. The conflicting disease criteria have resulted in a flood of new lawsuits precipitating the collapse of the state screening system. Forced into action amid mounting media criticism, the Liberal Democratic Party earlier this month announced its intention to set up an all-new government screening body that would begin work in 2007. The Asahi Shimbun, in the March 20 editorial reprinted below, has accused the LDP of “taking stopgap measures to wiggle out of the current mess” and says the latest proposal “would only deepen the disillusionment toward the government.”

This 2006 impasse is best understood within the context of Minamata victims’ long struggle for justice—and the clear pattern of evasion of responsibility on the parts of Chisso Corp. and the Japanese government. In 1956, the same year Minamata disease came to light, Chisso made extremely small condolence payments to the most severely afflicted sufferers, but the company refused to concede that it was causing the public health catastrophe, and the desperate recipients were required to renounce all future compensation claims. Kumamoto University researchers fingered organo-mercury in the waste water from Chisso’s

petrochemical plant as the likely cause of Minamata disease in 1959. But in keeping with the “industry first, people last” mindset of Japan’s postwar period of high economic growth, state authorities neither confirmed that causal connection nor banned the discharges until 1968.

A landmark court decision in 1973 established Chisso’s negligence, while confrontational “direct negotiations” employed by some uncertified victims included camping out in tents outside corporate headquarters and disrupting stockholders’ meetings. The hundreds of millions of dollars that Chisso eventually shelled out in compensation has been subsidized by taxpayers; massive government loans to the company began in 1978 and will finally end this year.

The joint state-industry approach has been to narrowly portray Minamata disease as a matter of medical and financial relief to a group of victims limited in terms of time and place. Obfuscation regarding the full extent of the problem, chronic delays in recognizing patients, and resistance to judicial involvement in the redress process are continuing today. Minamata disease activists, by contrast, have long focused attention on the social, political and economic structures that produced the tragedy and then withheld relief from the disempowered victims. These progressives read Minamata as an ongoing test of twenty-first-century Japan’s commitment to environmental protection, corporate responsibility, democracy and human rights.



A severe case of Minamata disease

Divergent narratives about the basic “Minamata message” lie at the root of the patient recognition controversy, and are also complicating the 2006 schedule of commemorative events. Minamata’s new mayor has asked Prime Minister Koizumi to attend the main memorial ceremony in May. Koizumi has not yet responded to the invitation, since an official apology for the state’s actions and inactions, past and present, would be expected. The mayor was resoundingly elected last month thanks to his opposition to an industrial waste landfill currently being planned for the mountains overlooking the city. The landfill opposition campaign (the subject of a forthcoming Japan Focus article) has revived the Minamata spirit of activism and is setting the tone for this anniversary year. Interpretations of the past are closely tied to views of the present, so remembering Minamata disease promises to be a contentious task indeed. William Underwood

On May 1, 50 years will have passed since Minamata disease was first reported to the authorities, heralding one of the earliest pollution-related public health disasters in this country. The symptoms of chronic mercury

poisoning from industrial waste dumped in Minamata Bay, Kumamoto Prefecture, turned up in people who ate marine products from the area.

During the past couple of years, there has been a sharp increase in the number of people who filed new applications for recognition as Minamata disease patients. Now as many as 3,700 applicants are awaiting government screening.

This is the result of an October 2004 Supreme Court ruling that struck down the central government’s criteria for recognition that had been conducted by the Kumamoto and Kagoshima prefectural governments.

In an effort to set things right, a Liberal Democratic Party panel on Minamata disease is gearing up to establish a new central government screening body to supplement the prefectural screening committees. The ruling party panel expects to submit lawmaker-initiated legislation to the Diet, so that the measure can be implemented early next year.

Creating a new state panel to screen applicants under the current system without addressing the problem of double standards does not offer any solution. The step would only worsen the current confusion.

In its ruling, the top court laid down new recognition criteria so as to provide broader-based relief for sufferers. The ruling triggered a flood of new applications by people who hoped

to be recognized as Minamata patients under the eased rules. Yet, the Environment Ministry has not changed the screening system that was set in place in 1977.

The disagreement between the administrative and judicial branches of the government over such crucial criteria led members of two prefectural screening panels to refuse to be reappointed after their terms expired. They said it was impossible to make a responsible judgment about applications under the current circumstances. As a result, the prefectural panels have been idle for too long.

In principle, both prefectures have been responsible for recognizing victims of the disease. Applications started piling up, overwhelming the ability of prefectural officials to process them. As a result, the central government assumed the screening task from 1979 and 1996. At that time, a temporary measures law was enacted to set up a state screening body.

The LDP's idea is to repeat this process to create a state screening panel again. Matsuoka Toshikatsu, the Lower House member who heads the party's panel, says it is vital to break the impasse. But we doubt if anyone wants to serve as members of the screening body while the issue of double standards remains unsolved. Even if the government manages to recruit enough people to staff the panel, decisions based on the

current criteria would certainly reject applications for government relief. This would only deepen the disillusionment toward the government.

The landmark Supreme Court ruling triggered nearly 900 damages suits against the government and other organizations concerned, demanding public aid for a broader range of sufferers. If no effective action is taken, more people may turn to the courts for judicial redress. To date, about 3,000 patients have been officially recognized as victims of the disease. A government-mediated "political" settlement in 1995 provided some form of relief to more than 10,000 sufferers. Still, the Environment Ministry is reluctant to change the criteria, apparently out of concern about the possible collapse of the systems for compensation and relief that have been developed over the years.



Fishing in Minamata Bay

The entire picture of this public health nightmare has yet to be made clear. There is no knowing how many more patients will emerge in coming years. An advisory panel for the environment minister was set up in response to the top court

ruling. But even members of this panel say the current compensation system is not working and that a new one needs to be set up.

Instead of taking stopgap measures to wiggle out of the current mess, the Environment Ministry should revise the recognition criteria in line with the top court decision. If the government fails to work out a proper solution to the problem on the 50th anniversary of the disease first being

reported, it will be severely criticized by future generations for "historical inaction."

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